

CLAIMS ONLY							Application Number <i>101727440</i>		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
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8	/						58					
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12	<u>/</u>						62					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<i>3</i>						Total Indep					
Total Depend	<i>14</i>						Total Depend					
Total Claims	<i>17</i>						Total Claims					